

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 10-591)						SERIAL NO. <i>10004820</i>	FILING DATE
						APPLICANT	
9-1-10						CLAIMS	
AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE			
IND.	OCP.	IND.	OCP.	IND.	OCP.	IND.	OCP.
1	1	1	1	1	1	61	
2	1	1	1	1	1	62	
3	1	1	1	1	1	63	
4	1	1	1	1	1	64	
5	1	1	1	1	1	65	
6	1	1	1	1	1	66	
7	1	1	1	1	1	67	
8	1	1	1	1	1	68	
9	1	1	1	1	1	69	
10	1	1	1	1	1	70	
11	1	1	1	1	1	71	
12	1	1	1	1	1	72	
13	1	1	1	1	1	73	
14	3	3	3	3	3	74	
15	1	1	1	1	1	75	
16	1	1	1	1	1	76	
17	1	1	1	1	1	77	
18	3	3	3	3	3	78	
19	3	3	3	3	3	79	
20	3	3	3	3	3	80	
21	3	3	3	3	3	81	
22	1	1	1	1	1	82	
23	1	1	1	1	1	83	
24	1	1	1	1	1	84	
25	1	1	1	1	1	85	
26	1	1	1	1	1	86	
27	1	1	1	1	1	87	
28	1	1	1	1	1	88	
29	1	1	1	1	1	89	
30	1	1	1	1	1	90	
31	1	1	1	1	1	91	
32	1	1	1	1	1	92	
33	1	1	1	1	1	93	
34	1	1	1	1	1	94	
35	1	1	1	1	1	95	
36	1	1	1	1	1	96	
37	1	1	1	1	1	97	
38	1	1	1	1	1	98	
39	1	1	1	1	1	99	
40	1	1	1	1	1	100	
41						TOTAL IND.	
42						TOTAL OCP.	
43						TOTAL TOTAL	
44						TOTAL TOTAL	
45						TOTAL TOTAL	
46						TOTAL TOTAL	
47						TOTAL TOTAL	
48						TOTAL TOTAL	
49						TOTAL TOTAL	
50						TOTAL TOTAL	
TOTAL IND.	24	10	6				
TOTAL OCP.	25	10	6				
TOTAL TOTAL	49	20	12				